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Examiner Michael G. Hartley - Art Unit 1616 Commissioner for Patents Mail Stop NON-FEE AMENDMENT	(703) 308-4411	(703) 872-9306

From : Stephen E. Reiter *SR*
 Sender's Direct Dial : 858.847.6711
 Date : May 12, 2003
 Client/Matter No : 071243-1301
 User ID No : 1877

MESSAGE:

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Re: Application Serial No. 09/446,783

Following are copies of:

Amendment Transmittal (2 pgs.);

Response (3 pgs.).

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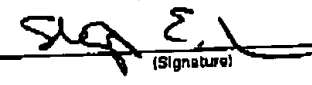
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Atty. Dkt. No. ABI1460-2
(071243-1301)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Desai et al.
 Title: NOVEL FORMULATIONS OF PHARMACOLOGICAL AGENTS, METHODS FOR THE PREPARATION THEREOF AND METHODS FOR THE USE THEREOF

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
<u>Stephen E. Reiter</u> (Printed Name)	
 (Signature)	
<u>May 12, 2003</u> (Date of Deposit)	

Appl. No.: 09/446,783
 Filing Date: 05/16/2000
 Examiner: M. Hartley
 Art Unit: 1616

AMENDMENT TRANSMITTAL

Mail Stop NON-FEE AMENDMENT
 Commissioner for Patents
 PO Box 1450
 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- Small Entity statement is enclosed.
- The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	81	81	0	\$18.00	\$0.00
Independents:	19	19	0	\$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				\$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

Atty. Dkt. No. ABI1480-2
(071243-1301)

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$410.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$930.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the fourth month:	\$1,450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$1,970.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

Please charge Deposit Account No. 50-0872 in the amount of \$ _____. A duplicate copy of this transmittal is enclosed.

A check in the amount of \$ _____ is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

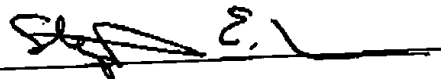
Atty. Dkt. No. ABI1460-2
(071243-1301)

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: May 12, 2003

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By 

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